

R. Dis File No. 183

Collection No.

1939.

(P 30)

(K)

11
2 1/17/47
Physic Residence

Pros. Nos. 1-13
Serial

Subject.

Application from local officials for
commutation of pension

Fin! Adviser authorized to sign for H. R.
the admi. sanction in Part III of Form A.

Previous References.

1357/37
R 331/38
852/36
506/35

Later References.

R 335/40

11/11/46

P.U.C.

D.No. 2816

S.N. 1

The commutation may be sanctioned.

The amount commuted in this case is Rs. 7-2-0. It is

therefore enough if the applicant is examined by the

Residency Surgeon- vide para 7(ii)(c) of the Regulations

governing procedure for the commutation of pensions.

2. The Residency Surgeon will arrange for the medical

examination and inform the applicant direct under para 6 of

the above Regulations.

2 drafts are submitted.

~~21~~
21.3.39

~~23~~
23.3.39

~~24~~
24.3

S.N. (1+2) Issue

Award
P.U.C.

D.No. 3859

S.N. 3

C.p. 2 'R'

3 Please see S.N. 2.

The PUC may be filed.

~~17~~
17.4.39

~~184~~
184.39

(Para 3 only)

Award

P.U.C.

D.No. 4055

S.N. 4

S.N. 20
R.Dis. 381/38

'Z'

In August 1938 Mr. Venkata Rao commuted Rs. 16-12-0 out of his pension of Rs. 56-12-0. He now wants to commute a further sum of Rs. 11-10-0. He is to be examined by a medical board - vide para 7(ii)(b)(1) of the Regulations governing the procedure for the commutation of pensions

The commutation may be sanctioned.

2 drafts are submitted. (with fair).

(Mr. Venkata Rao has to be examined before the 9th May 1939 which is the date of his next birthday. In the forwarding endt. to the Residency Surgeon this date has therefore been entered)

2.5.39

(From para 4)

35.35

4/5

S.N. (4+5) issue

Aufait

PUC

D.No. 4766

S.N. 6

C.p. 6 & 7

'R'

5

Please see S.N. 4 and 5.

The PUC may be filed.

11-5-39

12-5-39

(Para 5 only)

13/5

Award

P.U.C.

D.No. 1796

S.N. 7

Page 10 of the
amphlet 'M'

Item 9, Form A, Part II
of application (PUC)

'M'

The commutation may be sanctioned.

The amount commuted in this case is Rs. 20/-. It is therefore enough if the applicant is examined by the Residency Surgeon- vide para 7(ii)(c) of the Regulations governing procedure for the commutation of pensions.

The applicant has stated that he would prefer his medical examination to take place at Mysore. He belonged to this Administration. Under para 5(ii) of the Regulation the Residency Surgeon is the Chief Administrative Medical Officer for the Station. He should arrange for the medical examination of the applicant at the nearest available station to that named by the applicant and inform the applicant direct- vide para 6 of the above Regulations.

2 drafts are submitted.

23.2.40

24.2.40

(From para 5)

S.N. (7+8) done

PUC I

" II

D.No. 2713

S.N. 9

" 2770

" 10

Encl. to S.N. 3
file 344/34 'G'

Under the proviso to rule 6 of the Civil Pensions (commutation) Rules if the medical authority directs that the applicant's age for the purpose of commutation shall be assumed to be greater than his actual age, he may withdraw his application.

Mr. Ramaswamiengar wanted to commute Rs. 20/-. The

Residency

Encl. to S.N.10
(PUC II)

Residency Surgeon examined him on 11-3-40 and certified that he is in good bodily health. He has not made any addition of years to the applicant's actual age.

He now requests that the sanction may kindly be revised to commute Rs. 10/- only instead of Rs. 20/-.

11 An applicant may withdraw his application before medical examination is due to take place, but this option shall expire on his appearance before a medical authority. It does not therefore seem that the applicant's request can now be granted. If approved he may be informed accordingly.

For orders.

~~18~~
20.3.40

23.3.40

(F. No. 10. 2)
J. N. Nayagopal
26.3.40

~~28~~

PUC III

D.No. 3095

S.N. 11

12 When the Asst. Secretary was here he was signing all such sanctions. In the present case the draft was passed by the Under Secretary but as he fell ill the draft was signed by the Financial Adviser. If approved, he may be authorised to ^{sign} such sanctions.

2 drafts are submitted.

~~18~~
4.4.40

6.4.40

19
4

S.N. (12+13) Issue

Answer ~~18~~

Vide Rule 6(1) of
Commutation Rules.
Encl. to S.N.3
File 344/34 'G'

Endd: P. com 2/1092 dy - 16.3-39

FORM A.
PART II.

Forwarded to the Secy. to the Hon'ble the Resident in Mysore, Bangalore
(here enter the designation and address of the sanctioning authority.)

2. Subject to the medical authority's recommending commutation, the lump sum payable will be as stated below:—

Sum payable, if the commutation becomes absolute before the applicant's next birthday, which falls on...

D.B. 23-4-1893
46
23-4-1939

Date of retirement 20-9-1938

Sum payable if the commutation becomes absolute after the applicant's next birthday but before his next birthday but one.

On the basis of normal age, i.e. 46... years.	Rs. 1214 15 0
Do. Do. plus	(up to 22-4-1939)
1 year, i.e. 47... years.	Rs. 1188 7 0
Do. Do. plus	
2 years, i.e. 48... years.	Rs. 1161 15 0
Do. Do. plus	
3 years, i.e. 49... years.	Rs. 1134 9 0
Do. Do. plus	
4 years, i.e. 50... years.	Rs. 1106 6 0
Do. Do. plus	
5 years, i.e. 51... years.	Rs. 1078 2 0
On the basis of normal age, i.e. 47... years.	Rs. 1188 7 0
Do. Do. plus	
1 year, i.e. 48... years.	Rs. 1161 15 0
Do. Do. plus	
2 years, i.e. 49... years.	Rs. 1134 9 0
Do. Do. plus	
3 years, i.e. 50... years.	Rs. 1106 6 0
Do. Do. plus	
4 years, i.e. 51... years.	Rs. 1078 2 0
Do. Do. plus	
5 years, i.e. 52... years.	Rs. 1049 1 0

3. The sum payable will be a charge on:—

Central revenues Rs. Mysore Assigned Tracts (entire amount)
the Government of (Provincial Government) Rs.

Station Acct. Genl's Office
Madras
Dated 18th March 1939

Signature and designation
of Account Officer.

Asst. Accounts Officer
dated 16-3-39

PART III.

Administrative sanction of the Hon'ble the Resident is accorded to the above commutation. A certified copy of paragraph 2 of Part II of the form has been forwarded to the applicant in Form B.

Signature.....

Designation..... Asst. Secy. to the Resident

Forwarded* to the Residency Surgeon, Bangalore
(here enter the designation and address of the Chief Administrative Medical Officer.)

in original on with the request that he will arrange for the medical examination of the applicant by the proper medical authority as early as possible within three months from the 24th March 1939 but not earlier than the (here enter the date)

and inform the applicant direct in sufficient time where and when he should appear for the examination

Asst. Secy. to the Resident.
(Signature and designation of the sanctioning authority.)

*With one copy of Form C and an extra copy of Part III of that Form.

Debit M.A.F. 7 12 0 ✓
Coorg 19 6 0 ✓
27 2 0 ✓

FORM A.

COMMUTATION OF CIVIL PENSIONS.

PART I.—FORM OF APPLICATION.

I ✓ N. Ramanathan desire to commute
Rs. 7 As. 2 of my pension of Rs. 27 As. 2 a month.* I certify that I have answered
correctly each and all of the questions below.

Place Bangalore

Dated 25-2-39

Signature N. Ramanathan

Retired Asst. of the Govt. Training
Designation School, Bangalore.

Address 40, Narasimha Raja Colony,
Basavangudi, Bangalore City

Questions.

Answers.

1. What is the date of your birth?
2. How much of your pension do you wish to commute?
- 3(a). Have you already commuted a portion of your pension? If so, give particulars.
- 3(b). Has any application from you for commutation of pension ever been rejected, or have you ever accepted/declined to accept commutation of pension on the basis of an addition of years to your actual age recommended by the medical authority? If so, give particulars.
4. From what treasury do you draw or propose to draw your pension and commutation money?
5. If you are drawing your pension in a Colony, what Accounts Officer issued the authority for payment of your pension in that Colony?
6. If you are already drawing your pension, quote the number of your Pension Payment Order or Colonial Warrant.
7. Without prejudice to the discretion of the sanctioning authority, from what date approximately do you wish this commutation to have effect? [See Rule 6 of the Civil Pensions (Commutation) Rules.]
3. (i) State whether you claim that your domicile at the time of first appointment to Government service was non-Asiatic.
- (ii) If you claim non-Asiatic domicile at that time and the claim has already been admitted, indicate the connection in which it was admitted.
- (iii) If you claim non-Asiatic domicile at that time and the claim has not yet been admitted, indicate the evidence on which you base your claim.
9. At what station (near the area in which you are ordinarily resident) would you prefer your medical examination to take place?

23-4-1893 ✓

Rs. 7-2-0 ✓

No. ✓

No. ✓

Hon'ble the Resident's Treasury,
Bangalore

No. ✓

5658 ✓

As early as possible ✓

No ✓

No ✓

No ✓

Bangalore ✓

Place Bangalore ✓

Date 25-2-39 ✓

Signature N. Ramanathan

* The class of pension (superannuation, retiring, invalid, compensation) should be stated, and if the amount is not known, a suitable modification should be made in the form.

R.P. Pen. 4/947 dated 25-2-39

(For use in cases governed by procedure instruction 1 (i)).

Forwarded for report to...The Accountant General,
(Pension Audit Section) (If not, the designation and

address of the Account officer.)

Personal identification marks:- A deep scar on
the forehead

Signature

Sd/- J. S. Rajagopalan
Officer in charge, Resident's
Treasury, Bangalore

Designation

Place Bangalore ✓

Date 25-2-1939 ✓

S. 153.

MEP-1340 S&F-(M-1870)-15-2-35-10,000.

FORM B.

PART I.

Subject to the medical authority's recommending commutation and the conditions prescribed in Part II of this Form, the lump sum payable will be as stated below:—

Sum payable if the commutation becomes absolute before the applicant's next birthday which falls on...23-4-1939

D.B. 23-4-1893
46

23 4 1939

Date of retirement 20-9-1938

On the basis of normal age, i.e. 46... Rs. 1214 15 0 (up to 22-4-1939)

Do. Do. plus

1 year, i.e. 47... years. Rs. 1188 7 0

Do. Do. plus

2 years, i.e. 48... years. Rs. 1161 15 0

Do. Do. plus

3 years, i.e. 49... years. Rs. 1134 9 0

Do. Do. plus

4 years, i.e. 50... years. Rs. 1106 6 0

Do. Do. plus

5 years, i.e. 51... years. Rs. 1078 2 0

Sum payable if the commutation becomes absolute after the applicant's next birthday but before his next birthday but one.

On the basis of normal age, i.e. 47... Rs. 1188 7 0

Do. Do. plus

1 year, i.e. 48... years. Rs. 1161 15 0

Do. Do. plus

2 years, i.e. 49... years. Rs. 1134 9 0

Do. Do. plus

3 years, i.e. 50... years. Rs. 1106 6 0

Do. Do. plus

4 years, i.e. 51... years. Rs. 1078 2 0

Do. Do. plus

5 years, i.e. 52... years. Rs. 1049 1 0

Station Acctt. Genl's Office, Signature and designation of
Madras Account Officer.

Dated 16th March 1939

Asst. Accounts Officer
16-3-39

PART II.

The commutation for a lump payment of the pension of...Rupees seven and annas two only is administratively sanctioned on the basis of the report of the Account Officer contained in Part I above. The table of present values, on the basis of which the calculations in the Account Officer's report have been made, is subject to alteration at any time without notice, and consequently they are liable to revision before payment is made. The sum payable will be the sum appropriate to the applicant's age on his birthday next after the date on which the commutation becomes absolute or, if the medical authority directs that years shall be added to that age, to the consequent assumed age.

2. The...Residency Surgeon, Bangalore...
(here enter the designation and address of the Chief Administrative Medical Officer)

has been requested to arrange for the medical examination and inform Mr. N. Ramanathan... direct where and when he should appear for the examination. He should bring with him the enclosed form C with the particulars required in part I completed except for the signature.

~~File~~ R.D. No. 183-39

Station Bangalore

Signature

Dated 28th March 1939

Designation

Asst. Secy. to the Resident.

To

Mr. N. Ramanathan,
40, Narasimha Raja Colony,
Basavangudi, Bangalore City
(the name and address of the
applicant)

No. 73/135

S. N. 3

RESIDENCY SURGEON'S OFFICE, 13
BOWRING CIVIL HOSPITAL.

Bangalore, 6th April 1939.

12

FROM

Lieut-Col. J. B. Hance, C.I.E., O.B.E.,
M.A., M.D., F.R.C.S.E., I.M.S.,
RESIDENCY SURGEON.

TO

THE Assistant Accounts Officer,
Pension Commutation Section,
Madras.

Subject:— Medical Examination of Mr. N. Ramanathan,
Retired Assistant, Govt. Training School,
Bangalore - commutation of a portion of
his pension.

SIR,

With reference to your endorsement No. P.Com.2/109
dated 16th March 1939, I have the honour to inform you that
Mr. N. Ramanathan, late Assistant, Government Training
School, Bangalore, has been examined by me for commuting a
portion of his pension.

Form "A" (Parts I, II & III) is returned herewith
after perusal.

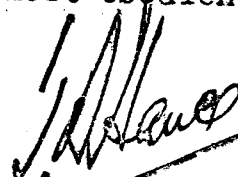
Form "C" (Parts I, II & III) is returned herewith
duly filled in by me.

A copy of form "C" has been given to the candidate
on 5th April 1939 and an acknowledgment obtained from him.

I have the honour to be,

Sir,

Your most obedient servant,



Lieut-Col. I.M.S.,

Residency Surgeon, Bangalore.

15-4-39

OFFICE OF THE HON'BLE THE RESIDENT IN MYSORE, BANGALORE. 13 APR. 1939 Diary No. 3859 File No. RA 183-39
--

S. N. 2

(R)

Copy forwarded with compliments to the Secretary to
the Hon'ble the Resident in Mysore, Bangalore, with reference
to his No. R. Dis. 183-39/E. & A. dated 28th March 1939.

PART II.

(To be filled in by the examining medical authority.)

1. Apparent age. 50
2. Height. 5' 4 $\frac{1}{4}$ "
3. Weight. 154 lbs (11 st 0 lbs)
4. Girth of abdomen at level of umbilicus. 33 $\frac{1}{2}$ "

Pulse rate—

- (a) Sitting. 112
- (b) Standing. 120

What is character of pulse? Regular; volume and tension good

6. What is condition of arteries? good

7. Blood pressure—

- (a) Systolic. 132) mm Hg
- (b) Diastolic. 88)

8. Is there any evidence of disease of the main organs—

- (a) Heart. Sounds tic-tac
- (b) Lungs.)
- (c) Liver.) Nil
- (d) Spleen.)
- (e) ...

plethoric type, too heavy for his height

9. Does chemical examination of urine show (i) Acid 1010 Albumen) Nil
albumen, (ii) sugar? State specific gravity. Sugar)

10. Has the applicant a rupture? If so, state the kind and if reducible. NO

11. Describe any scars or identifying marks. Depressed pigmented scar 2" above bridge of nose.

12. Any additional information.

PART III

I have carefully examined A. B. and am of opinion that:— N. Ramanathan

is in good bodily health and but has the power of his or (in the case of an impaired life which is yet considered a fit subject for commutation) "as he is suffering from Tachycardia and obesity his age for the purpose of commutation, i.e., his age next birthday should be taken to be Two (2) years more than his actual age".

Station Bangalore

Dated 5-4-1939

Countersigned [in cases where Regulation 6 (ii) (b) (2) applies.]

M.D., F.R.C.S.E.
(Signature of Surgeon, Bangalore)
examining medical authority.)

Reviewing Medical Authority.

FORM C.

MEDICAL EXAMINATION BY THE (here enter the medical authority).....
.....

PART I.

Statement by the applicant for commutation of a portion of his pension.

The applicant must complete this statement prior to his examination by the (here enter the medical authority).....and must sign the declaration appended thereto in the presence of that authority.

A. Form to be filled in by applicants governed by Rule 3 of the Civil Pensions (Commutation) Rules.

- 1. State your name in full (in BLOCK letters).
- 2. State place of birth.
- 3. State your age and date of birth.
- 4. Furnish the following particulars concerning your family:—

Father's age, if living, and state of health.	Father's age at death and cause of death.	No. of brothers living, their ages and state of health.	No. of brothers dead, their ages at and cause of death.
Mother's age, if living, and state of health.	Mother's age at death and cause of death.	No. of sisters living, their ages and state of health.	No. of sisters dead, their ages at and cause of death.

- 5. Have any of your near relations suffered from tuberculosis (consumption, scrofula), cancer, asthma, fits, epilepsy, insanity or any other nervous disease?
- 6. Have you ever been abroad? Where and for what period and how long since?
- 7. Have you ever served in the Navy, Army, Air Force, or in any Government Department?
- 8. Have you ever been examined —
 - (a) for Life Insurance, or/and
 - (b) by any Government medical officer or State Medical Board, civil or military? If so, state details and with what result?
- 9. Have you ever—
 - (a) had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism, appendicitis, epilepsy, insanity, or other nervous disease, discharge from or other disease of the ear, syphilis, gonorrhoea, or

(b) had any other disease or injury which required confinement to bed or medical or surgical treatment, or

(c) undergone any surgical operation, or

(d) suffered from any illness, wound or injury sustained while on active service with His Majesty's Forces during the War which began in 1914?

10. Have you rupture?

11. Have you varicocele, varicose veins or piles?

12. Is your vision in each eye good?

13. Is your hearing in each ear good?

14. Have you any congenital or acquired malformation, defect or deformity?

15. When were you last vaccinated?

16. Is there any further matter concerning your health not covered by the above questions which should be communicated to the medical authority?

B. Form to be filled in by applicants governed by Rule 4 of the Civil Pensions (Commutation) Rules.

1. Name in full (in BLOCK letters).

N. RAMANATHAN.

2. Date of birth.

23rd April 1893.

3. Have you ever been granted leave on medical certificate? If so, state periods of leave and nature of illness?

No.

4. Has any application for insurance on your life ever been declined or accepted at an increased premium?

No

5. Have you ever been told that you had albumen or sugar in the urine?

No

Do you rise at night to urinate?

No

Are you now or have you ever been on special diet for your health?

No

Has there been any marked increase or decrease in your weight within the last three years? If so, how much?

No occasion to test.

6. Have you been under the treatment of any doctor within the last three months? If so, for what illness.

No

Declaration by applicant.

(To be signed in presence of the medical authority).

I declare all the above answers to be, to the best of my belief, true and correct.

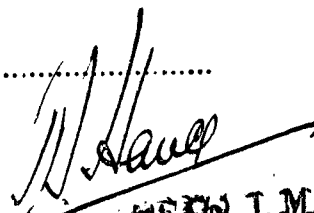
I will fully reveal to the medical authority all circumstances within my knowledge that concern my health and fitness.

I am fully aware that by wilfully making a false statement or concealing a relevant fact I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under Article 351, Civil Service Regulations.

Signed in presence of.....

N. Ramanathan

Applicant's signature.


M. Ch. I. M. S.
Residency Surgeon, Bangalore

Signature and designation
of medical authority.

FORM A.
PART II.

Forwarded to...the Secretary to the Hon'ble the Resident in Mysore.....
(here enter the designation and address)

Bangalore.....
of the sanctioning authority.)

(in commutation of Rs. 11-10-0)

2. Subject to the medical authority's recommending commutation, the lump sum payable will be as stated below :—

Sum payable, if the commutation becomes absolute before the applicant's next birthday, which falls on..... On the basis of normal age, i.e. 56 years. Rs. 1517 12 0 ✓

Date of birth 9-5-1883 ✓
56 ✓

Do. Do. plus
1 year, i.e. 57 years. Rs. 1467 9 0 ✓
Do. Do. plus

2 years, i.e. 58 years. Rs. 1418 11 0 ✓
Do. Do. plus

3 years, i.e. 59 years. Rs. 1368 8 0 ✓
Do. Do. plus

4 years, i.e. 60 years. Rs. 1319 11 0 ✓
Do. Do. plus

5 years, i.e. 61 years. Rs. 1270 14 0 ✓
On the basis of normal age, i.e. 57 years.

Do. Do. plus
1 year, i.e. 58 years. Rs. 1418 11 0 ✓
Do. Do. plus

2 years, i.e. 59 years. Rs. 1368 8 0 ✓
Do. Do. plus

3 years, i.e. 60 years. Rs. 1319 11 0 ✓
Do. Do. plus

4 years, i.e. 61 years. Rs. 1270 14 0 ✓
Do. Do. plus

5 years, i.e. 62 years. Rs. 1222 0 0 ✓

Sum payable if the commutation becomes absolute after the applicant's next birthday but before his next birthday but one.

3. The sum payable will be a charge on :—

Central revenues

R.M.A.T-Non-Voted

the Government of.....

(Provincial Government) Rs.

4. The pensioner has already commuted Rs. 16-12-0 for Rs. 2186-14-0 on 22-8-38 ✓

No. P. Com-8

Station Acctt-Genl's Office
Madras

Signature and designation
of Account Officer.

Dated 17-4-39

Asst. Accounts Officer

PART III.

Administrative sanction....of...the...Hon'ble...the...Resident.....is accorded to the above commutation. A certified copy of paragraph 2 of Part II of the form has been forwarded to the applicant in Form B.

Signature.....

Designation..... Asst. Secy. to the Resident.

Forwarded* to.....the Residency Surgeon, Bangalore.....
(here enter the designation and address of the Chief Administrative Medical Officer.)

.....in original on.....with the request that he will arrange for the medical examination of the applicant by the proper medical authority as early as possible within three months from the.....9th May, 1939.....but not earlier than the.....
(here enter the date) (here enter the date)

....., and inform the applicant direct in sufficient time where and when he should appear of retirement) for the examination.

Asst. Secy. to the Resident.

(Signature and designation of the sanctioning authority.)

*With one copy of Form C and an extra copy of Part III of that Form.

FORM A.

COMMUTATION OF CIVIL PENSIONS.

PART I.—FORM OF APPLICATION.

I T. Venkata Rao, late Sub-Inspector of Police, C. & M. Station, Bangalore
Rs. 11 As. 10 of my pension of Rs. 40 As. a month.* I desire to commute
correctly each and all of the questions below. I certify that I have answered

Place Bangalore

Signature T. Venkata Rao

Dated 5-4-39

Designation Sub-Inspector of Police (retired)

Address No. 10, 1st Cross Road,
Anandarao extension,
Bangalore City

Questions.

Answers.

1. What is the date of your birth?
2. How much of your pension do you wish to commute?
- 3(a). Have you already commuted a portion of your pension? If so, give particulars.
- 3(b). Has any application from you for commutation of pension ever been rejected, or have you ever accepted/declined to accept commutation of pension on the basis of an addition of years to your actual age recommended by the medical authority? If so, give particulars.
4. From what treasury do you draw or propose to draw your pension and commutation money?
5. If you are drawing your pension in a Colony, what Accounts Officer issued the authority for payment of your pension in that Colony?
6. If you are already drawing your pension, quote the number of your Pension Payment Order or Colonial Warrant.
7. Without prejudice to the discretion of the sanctioning authority, from what date approximately do you wish this commutation to have effect? [See Rule 6 of the Civil Pensions (Commutation) Rules.]
8. (i) State whether you claim that your domicile at the time of first appointment to Government service was non-Asiatic.
(ii) If you claim non-Asiatic domicile at that time and the claim has already been admitted, indicate the connection in which it was admitted.
(iii) If you claim non-Asiatic domicile at that time and the claim has not yet been admitted, indicate the evidence on which you base your claim.
9. At what station (near the area in which you are ordinarily resident) would you prefer your medical examination to take place?

9th May 1883

Rs. 11 and annas ten only

Yes Rs. 16/8 of my pension

No

The Hon'ble the Resident's Treasury,
Bangalore

No

No. 5521

as early as possible

The Residency Surgeon, Bangalore

Place Bangalore

Signature T. Venkata Rao
5-4-39

Date 5-4-39

* The class of pension (superannuation, retiring, invalid, compensation) should be stated, and if the amount is not known, a suitable modification should be made in the form.

(For use in cases governed by procedure instruction 1 (i)).

R.T. Pen 4/1064 dated 11-4-39

Forwarded for report to.....the Accountant General (P.A. Section) Madras. The personal mark of the pensioner are as follows *

One wound mark on the forehead

& another on the right side of the forehead

Place Bangalore

Signature

Amount already commuted is
Rs. 16-12-0

Date 6-4-39

Sd/- J.N. Rajagopalan

Designation Office in charge, Resident's Try.,
Bangalore

S. 156.

MFP-1340 S&P-(M-1870)-15-2-35-10,000.

FORM B.

PART I.

Subject to the medical authority's recommending commutation and the conditions prescribed in Part II of this Form, the lump sum payable will be as stated below:—

Sum payable if the commutation becomes absolute before the applicant's next birthday which falls on.....9-5-39.....	On the basis of normal age, i.e....56.....	Rs.	1517	12	0
	years.				
	Do.	Do.	plus		
Date of birth 9-5-1883 ✓	1 year, i.e.....57.....	Rs.	1467	9	0
56 ✓	Do.	Do.	plus		
-----	2 years, i.e.....58.....	Rs.	1418	11	0
9-5-1939 ✓	Do.	Do.	plus		
Date of retirement 9-5-1938 ✓	3 years, i.e.....59.....	Rs.	1368	8	0
	Do.	Do.	plus		
	4 years, i.e.....60.....	Rs.	1319	11	0
	Do.	Do.	plus		
	5 years, i.e.....61.....	Rs.	1270	14	0
Sum payable if the commutation becomes absolute after the applicant's next birthday but before his next birthday but one.	On the basis of normal age, i.e.....57.....	Rs.	1467	9	0
	years.				
	Do.	Do.	plus		
	1 year, i.e.....58.....	Rs.	1418	11	0
	Do.	Do.	plus		
	2 years, i.e.....59.....	Rs.	1368	8	0
	Do.	Do.	plus		
	3 years, i.e.....60.....	Rs.	1319	11	0
	Do.	Do.	plus		
	4 years, i.e.....61.....	Rs.	1270	14	0
	Do.	Do.	plus		
	5 years, i.e.....62.....	Rs.	1222	0	0

Station Acctt. Genl's Office,
Madras
Dated 17-4-39

Signature and designation of
Account Officer.

Asstt. Accts. Officer

PART II.

The commutation for a lump payment of the pension of....Rupees..eleven..and..annas..ten..only is administratively sanctioned on the basis of the report of the Account Officer contained in Part I above. The table of present values, on the basis of which the calculations in the Account Officer's report have been made, is subject to alteration at any time without notice, and consequently they are liable to revision before payment is made. The sum payable will be the sum appropriate to the applicant's age on his birthday next after the date on which the commutation becomes absolute or, if the medical authority directs that years shall be added to that age, to the consequent assumed age.

2. The.....Residency Surgeon, Bangalore.....

(here enter the designation and address of the Chief Administrative Medical Officer)

has been requested to arrange for the medical examination and inform Mr.....T. Venkata Rao.....
direct where and when he should appear for the examination. He should bring with him the enclosed form C with the particulars required in part I completed except for the signature.

Station Bangalore

Signature

Dated 4th May 1939

Designation

Asst. Secy. to the Resident.

To

Mr. T. Venkata Rao

No. 10, 1st Cross Road,
(the name and address of the
Anantha Rao Extension,
Bangalore City..
applicant)

No.

295/135

S. N. 6

RESIDENCY SURGEON'S OFFICE,
BOWRING CIVIL HOSPITAL.

18

1752 Bangalore, 9th May 1939.

FROM

Lieut-Col. J. B. Hance, C.I.E., O.B.E.,
M.A., M.D., F.R.C.S.E., I.M.S.,
RESIDENCY SURGEON.

To

THE Assistant Accounts Officer,
Madras.

OFFICE OF THE
HON'BLE THE RESIDENT
IN MYSORE, BANGALORE.
10 MAY 1939
Diary No. 4766
File No.

Subject :- Medical examination of Mr. T. Venkata Rau,
Sub Inspector of Police (Retd) -
commutation of pension.

The Pharmacy by
putting up on the corner
File D.D. 183/39
which is T.A. order
39

With reference to your No. P.Com-8, dated the
17th April '39, I have the honour to inform you that
Mr. T. Venkata Rau, Retired Sub Inspector of Police, has
been examined by a Medical Board held at the Bowring
Civil Hospital, Bangalore, for commuting a portion of his
pension.

Form "A" (Parts I, II & III) is returned herewith
after the perusal of the Board.

Form "C" (Parts I, II & III) is returned duly
filled in by the Board.

A copy of form "C" has been given to the
candidate.

I have the honour to be,
Sir,
Your most obedient servant,

J. B. Hance

Lieut-Col. I.M.S.,

Residency Surgeon, Bangalore.

Copy together with a copy of form "C" is forwarded
with compliments to the Secretary to the Hon'ble the
Resident in Mysore, Bangalore, with reference to his
No. 193-39/G & A, dated 4th May 1939.

S. N. 4
C. N. 6

(R)

PART II.

(To be filled in by the examining medical authority.)

1. Apparent age. 55
2. Height. 5' 8½"
3. Weight. 12 stones 4 lbs
4. Girth of abdomen at level of umbilicus. 39

Pulse rate—

- | | | |
|---------------|-----|---------------------|
| (a) Sitting. | 90 | } Applicant nervous |
| (b) Standing. | 120 | |

5. What is character of pulse? Regular: good volume and tension.

6. What is condition of arteries? Good

7. Blood pressure—

- | | | |
|----------------|-----|------------|
| (a) Systolic. | 150 | } M.M. Hg. |
| (b) Diastolic. | 80 | |

8. Is there any evidence of disease of the main organs—

- | | |
|-------------|-------|
| (a) Heart. | } Nil |
| (b) Lungs. | |
| (c) Liver. | |
| (d) Spleen. | |
| (e) ... | |

9. Does chemical examination of urine show albumen, (ii) sugar? State specific gravity. Acid; 1018 albumen) Sugar) Nil

10. Has the applicant a rupture? If so, state the kind and if reducible. Nil

11. Describe any scars or identifying marks. Broken and malunited proximal phalanx right thumb

12. Any additional information.

PART III.

I have carefully examined A. B. and are of opinion that:— *Tirahally Venkata Rao*

~~Either he is~~ in good bodily health and ~~has the prospect of an average duration of life~~ or ~~(in the case of an~~ ~~impaired life which is yet considered a fit subject for commutation)~~ "as ~~is not a fit subject for commutation~~ is suffering from.....his age for the purpose of commutation, i.e., his age next birthday should be taken to be.....years more than his actual age".

Station *Bangalore*

Dated *8/1/1939*

Countersigned [in cases where Regulation 6 (ii) (b) (2) applies.]

President

Members

Tirahally Venkata Rao
M. H. Rao M.D. F.R.C.S. (Ed.)
P. H. Rao M.D. F.R.C.S. (Ed.)

(Signature and designation of examining medical authority.)

FORM C.

MEDICAL EXAMINATION BY THE.....
(here enter the medical authority)

PART I.

Statement by the applicant for commutation of a portion of his pension.

The applicant must complete this statement prior to his examination by the.....
(here enter the medical authority)
.....and must sign the declaration
appended thereto in the presence of that authority.

A. Form to be filled in by applicants governed by Rule 3 of the Civil Pensions (Commutation) Rules.

- 1. State your name in full (in BLOCK letters).
- 2. State place of birth.
- 3. State your age and date of birth.
- 4. Furnish the following particulars concerning your family :—

Father's age, if living, and state of health.	Father's age at death and cause of death.	Number of brothers living, their ages and state of health.	Number of brothers dead, their ages at and cause of death.
Mother's age, if living, and state of health.	Mother's age at death and cause of death.	Number of sisters living, their ages and state of health.	Number of sisters dead, their ages at and cause of death.

- 5. Have any of your near relations suffered from tuberculosis (consumption, scrofula), cancer, asthma, fits, epilepsy, insanity or any other nervous disease ?
- 6. Have you ever been abroad ? Where and for what period and how long since ?
- 7. Have you ever served in the Navy, Army, Air Force, or in any Government Department ?
- 8. Have you ever been examined —
 - (a) for Life Insurance, or/and
 - (b) by any Government medical officer or State Medical Board, civil or military ? If so, state details and with what result ?
- 9. Have you ever —
 - (a) had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism, appendicitis, epilepsy, insanity, or other nervous disease, discharge from or other disease of the ear, syphilis, gonorrhoea, or

- (b) had any other disease or injury which required confinement to bed or medical or surgical treatment, or
- (c) undergone any surgical operation, or
- (d) suffered from any illness, wound or injury sustained while on active service with His Majesty's Forces during the War which began in 1914?

10. Have you rupture?
11. Have you varicocele, varicose veins or piles?
12. Is your vision in each eye good?
13. Is your hearing in each ear good?
14. Have you any congenital or acquired malformation, defect or deformity?
15. When were you last vaccinated?
16. Is there any further matter concerning your health not covered by the above questions which should be communicated to the medical authority?

B. Form to be filled in by applicants governed by Rule 4 of the Civil Pensions (Commutation) Rules.

1. Name in full (in BLOCK letters). *TIRTHALLY VENKATA RAU.*
2. Date of birth. *9th May 1883.*
3. Have you ever been granted leave on medical certificate? If so, state periods of leave and nature of illness? *Once - 2/1914 - Over work.*
4. Has any application for insurance on your life ever been declined or accepted at an increased premium? *no*
5. Have you ever been told that you had albumen or sugar in the urine? *no*
- Do you rise at night to urinate? *no*
- Are you now or have you ever been on special diet for your health? *no*
- Has there been any marked increase or decrease in your weight within the past three years? If so, how much? *not within my knowledge*
6. Have you been under the treatment of any doctor within the last three months? If so, for what illness. *no*

Declaration by applicant.

(To be signed in presence of the medical authority).

I declare all the above answers to be, to the best of my belief, true and correct.

I will fully reveal to the medical authority all circumstances within my knowledge that concern my health and fitness.

I am fully aware that by wilfully making a false statement or concealing a relevant fact I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under Article 351, Civil Service Regulations.

Signed in presence of.....

Applicant's signature. *7/5.*

[Signature]
MD, I. M. S.
Residency Surgeon, Bangalore

Signature and designation
of medical authority.

S. N. 7
2000-10
2. 4. 1

11

FORM A.
PART II.

Forwarded to.....the Hon'ble the Resident in Mysore, Bangalore.....
(here enter the designation and address)

.....
of the sanctioning authority.)

in commutation of Rs. 20/-

2. Subject to the medical authority's recommending commutation, the lump sum /payable will be as stated below :—

Sum payable, if the commutation becomes absolute before the applicant's next birthday, which falls on...1-12-1940	On the basis of normal age, i.e.....61 years.	Rs. 2186 6 0 ✓
	Do. Do. <i>plus</i>	
	1 year, i.e.....62 years.	Rs. 2102 6 0 ✓
	Do. Do. <i>plus</i>	
	2 years, i.e.....63 years.	Rs. 2018 6 0 ✓
	Do. Do. <i>plus</i>	
	3 years, i.e.....64 years.	Rs. 1936 13 0 ✓
	Do. Do. <i>plus</i>	
	4 years, i.e.....65 years.	Rs. 1857 10 0 ✓
	Do. Do. <i>plus</i>	
	5 years, i.e.....66 years.	Rs. 1776 0 0 ✓
Sum payable if the commutation becomes absolute after the applicant's next birthday but before his next birthday but one.	On the basis of normal age, i.e.....62 years.	Rs. 2102 6 0 ✓
	Do. Do. <i>plus</i>	
	1 year, i.e.....63 years.	Rs. 2018 6 0 ✓
	Do. Do. <i>plus</i>	
	2 years, i.e.....64 years.	Rs. 1936 13 0 ✓
	Do. Do. <i>plus</i>	
	3 years, i.e.....65 years.	Rs. 1857 10 0 ✓
	Do. Do. <i>plus</i>	
	4 years, i.e.....66 years.	Rs. 1776 0 0 ✓
	Do. Do. <i>plus</i>	
	5 years, i.e.....67 years.	Rs. 1699 3 0 ✓

A/c between Civil &
Central revenue Account
" between Central revenues & Madras
III Items adjustable by
3. The sum payable will be a charge on :—

Central revenues * Rs.....

the Government of.....(Provincial Government) Rs.....

C Revenues com-
muted value of pensions
paid to the MAT Revenues Non-voted

Station Madras
Dated 13-2-40

Signature and designation
of Account Officer.

Asst. Accounts Officer

PART III.

Administrative sanction...of...the Hon'ble the Resident.....is accorded to the above commutation. A certified copy of paragraph 2 of Part II of the form has been forwarded to the applicant in Form B.

Signature.....

Designation...For Secy...to the Resident

Forwarded* to...the Residency Surgeon, Bangalore.....
(here enter the designation and address of the Chief Administrative Medical Officer.)

.....in original on.....with the request that he will arrange for the medical
(date)

examination of the applicant by the proper medical authority as early as possible within three months from the 26th February 1940.....but not earlier than the.....
(here enter the date) (here enter the date)

.....(and inform the applicant direct in sufficient time where and when he should appear for the examination)

R. D. F. 183-39/98A.
18 March 1940.

For Secy. to the Resident.
(Signature and designation of the sanctioning authority.)

*With one copy of Form C and an extra copy of Part III of that Form.

23-2-40

FORM A.

COMMUTATION OF CIVIL PENSIONS.

PART I.—FORM OF APPLICATION.

I, H. Ramaswamiengar desire to commute
Rs. 20 As. - of my pension of Rs. 59 As. 13 a month.* I certify that I have answered
correctly each and all of the questions below.

Place Bangalore

Dated January 1940

Signature H. Ramaswamiengar
Retired Accountant, C. & M.
Designation Station, Bangalore
Address 2937 Chamundi Extension, Mysore

Questions.

Answers.

1. What is the date of your birth ?
2. How much of your pension do you wish to commute ?
- 3(a). Have you already commuted a portion of your pension ? If so, give particulars.
- 3(b). Has any application from you for commutation of pension ever been rejected, or have you ever accepted/declined to accept commutation of pension on the basis of an addition of years to your actual age recommended by the medical authority ? If so, give particulars.
4. From what treasury do you draw or propose to draw your pension and commutation money ?
5. If you are drawing your pension in a Colony, what Accounts Officer issued the authority for payment of your pension in that Colony ?
6. If you are already drawing your pension, quote the number of your Pension Payment Order or Colonial Warrant.
7. Without prejudice to the discretion of the sanctioning authority, from what date approximately do you wish this commutation to have effect ? [See Rule 6 of the Civil Pensions (Commutation) Rules.]
8. (i) State whether you claim that your domicile at the time of first appointment to Government service was non-Asiatic.
- (ii) If you claim non-Asiatic domicile at that time and the claim has already been admitted, indicate the connection in which it was admitted.
- (iii) If you claim non-Asiatic domicile at that time and the claim has not yet been admitted, indicate the evidence on which you base your claim.
9. At what station (near the area in which you are ordinarily resident) would you prefer your medical examination to take place ?

1st December 1379

Rs. 20/-

No.

District Treasury, Mysore

1st April 1940

No

--

--

Mysore

Place Bangalore

Date 15-1-1940

Signature H. Ramaswamiengar

* The class of pension (superannuation, retiring, invalid, compensation) should be stated, and if the amount is not known, a suitable modification should be made in the form.

(For use in cases governed by procedure instruction 1 (i)).

Forwarded for report to.....Accountant General, Madras
(here enter the designation and

address of the Account officer.)

Place

Date

S. 156.

MFP-1340 S&P-(M-1870)-15-2-35-10,000.

Signature

Designation

J. M. Green
Commissioner of Police,
C. & M. Stn., Bangalore

S. 156-A.

FORM B.

PART I.

Subject to the medical authority's recommending commutation and the conditions prescribed in Part II of this Form, the lump sum payable will be as stated below:—

Sum payable if the commutation becomes absolute before the applicant's next birthday which falls on.....12.12.1940

On the basis of normal age, i.e. 61.....	Rs. 2186	6	0	✓
years.				
Do. Do. plus				
1 year, i.e. 62.....	Rs. 2102	6	0	✓
years.				
Do. Do. plus				
2 years, i.e. 63.....	Rs. 2018	6	0	✓
years.				
Do. Do. plus				
3 years, i.e. 64.....	Rs. 1936	13	0	✓
years.				
Do. Do. plus				
4 years, i.e. 65.....	Rs. 1857	10	0	✓
years.				
Do. Do. plus				
5 years, i.e. 66.....	Rs. 1776	0	0	✓
years.				

Sum payable if the commutation becomes absolute after the applicant's next birthday but before his next birthday but one.

On the basis of normal age, i.e. 62..	Rs. 2102	6	0	✓
years.				
Do. Do. plus				
1 year, i.e. 63.....	Rs. 2018	6	0	✓
years.				
Do. Do. plus				
2 years, i.e. 64.....	Rs. 1936	13	0	✓
years.				
Do. Do. plus				
3 years, i.e. 65.....	Rs. 1857	10	0	✓
years.				
Do. Do. plus				
4 years, i.e. 66.....	Rs. 1776	0	0	✓
years.				
Do. Do. plus				
5 years, i.e. 67.....	Rs. 1699	3	0	✓
years.				

Station Madras

Signature and designation of
Account Officer.

Asst. Accounts Officer

Dated 13-2-40

PART II.

The commutation for a lump payment of the pension of...Rupees...twenty...only..... is administratively sanctioned on the basis of the report of the Account Officer contained in Part I above. The table of present values, on the basis of which the calculations in the Account Officer's report have been made, is subject to alteration at any time without notice, and consequently they are liable to revision before payment is made. The sum payable will be the sum appropriate to the applicant's age on his birthday next after the date on which the commutation becomes absolute or, if the medical authority directs that years shall be added to that age, to the consequent assumed age.

2. The...Residency Surgeon, Bangalore.....
(here enter the designation and address of the Chief Administrative Medical Officer)

has been requested to arrange for the medical examination and inform Mr. Ramaswamiengar..... direct where and when he should appear for the examination. He should bring with him the enclosed form C with the particulars required in part I completed except for the signature.

Station Bangalore

Signature

Dated 19th March 1940

Designation For Secy. to the Resident.

To

Mr. H. Ramaswamiengar,.....
Retired Accountant,
2937 Chamundi Extension,
Mysore
applicant)

11th March 1980

12/2

20

The Secretary to the House

13.3.4^W0

The Resident in Mysore

Bangalore

13. 3. 40

OFFICE OF THE
HONORARY RESIDENT
MADRAS, BANGALORE.
12 MAR. 1940

File No. 2713
File No. RD 188/39

With reference to you

S.N. 8

C-12-12

(M)

communication - sanctimony

The commutation for a long

payment of the pension of Rs

twenty only. I request that

The sanction may kindly be

revised to communicate the letter

only for the present and for

The balance I shall apply

later on - I got myself

examined this day by the

Residency Surgeon and

the papers will be sent by mail

Admiral

I beg to remain

n^o 2903 bhakundi

Ex + emission - your next obed^{ly} 8 eveng

See you,

HR Annals of the
R. I. Co. of the State

No. 4600/135

S N. 10
(P. 10)

RESIDENCY SURGEON'S OFFICE,
BOWRING CIVIL HOSPITAL.

Bangalore, 12th March 19 40.

FROM

Lieut-Col. J.B.Hance, C.I.E., O.B.E.,
M.A., M.D., F.R.C.S.E., I.M.S.,
RESIDENCY SURGEON.

To

THE Assistant Accounts Officer,
(Pension Commutation Section)
Madras.

Subject:— Medical examination of Mr. H. Ramaswamiengar
retired Accountant, Civil and Military
Station Bangalore - commutation of a
portion of his pension.

15-3-40 To

OFFICE OF THE HON'BLE THE RESIDENT IN MYSORE, BANGALORE.
2713 14 MAR. 1940
Diary No. 2770
File No. R. 183/39

SIR,

With reference to your endorsement No. P.Com 125
dated the 13th February 1940, I have the honour to inform
you that Mr. H. Ramaswamiengar, retired Accountant, Civil
and Military Station, Bangalore, has been examined by me
for commuting a portion of his pension.

Form "A" (Parts I, II & III) is returned herewith
after perusal.

Form "C" (Parts I, II & III) is returned herewith
duly filled in by me.

A copy of form "C" has been given to the candidate.

I have the honour to be,
Sir,
Your most obedient servant,



Lieut-Col. I.M.S.,
Residency Surgeon, Bangalore.

✓ Copy forwarded with compliments to the Secretary to the
Hon'ble the Resident in Mysore, Bangalore, for information
with reference to his No. R.Dis. F. 183-39/ G & A., dated
1-3-1940.

S.N. 7 ✓
C.F. 9 ✓

(M)

FORM C.

MEDICAL EXAMINATION BY THE.....
(here enter the medical authority)
.....

PART I.

Statement by the applicant for commutation of a portion of his pension.

The applicant must complete this statement prior to his examination by the.....
(here enter the medical authority)
..... and must sign the declaration
appended thereto in the presence of that authority.

A. Form to be filled in by applicants governed by Rule 3 of the Civil Pensions (Commutation) Rules.

- 1. State your name in full (in BLOCK letters).
- 2. State place of birth.
- 3. State your age and date of birth.
- 4. Furnish the following particulars concerning your family:—

Father's age, if living, and state of health.	Father's age at death and cause of death.	Number of brothers living, their ages and state of health.	Number of brothers dead, their ages at and cause of death.
Mother's age, if living, and state of health.	Mother's age at death and cause of death.	Number of sisters living, their ages and state of health.	Number of sisters dead, their ages at and cause of death.

5. Have any of your near relations suffered from tuberculosis (consumption, scrofula), cancer, asthma, fits, epilepsy, insanity or any other nervous disease?

6. Have you ever been abroad? Where and for what period and how long since?

7. Have you ever served in the Navy, Army, Air Force, or in any Government Department?

- 8. Have you ever been examined—
 - (a) for Life Insurance, or/and
 - (b) by any Government medical officer or State Medical Board, civil or military? If so, state details and with what result?

- 9. Have you ever—
 - (a) had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism, appendicitis, epilepsy, insanity, or other nervous disease, discharge from or other disease of the ear, syphilis, gonorrhoea, or

- (b) had any other disease or injury which required confinement to bed or medical or surgical treatment, or
- (c) undergone any surgical operation, or
- (d) suffered from any illness, wound or injury sustained while on active service with His Majesty's Forces during the War which began in 1914?
10. Have you rupture?
11. Have you varicoccele, varicose veins or piles?
12. Is your vision in each eye good?
13. Is your hearing in each ear good?
14. Have you any congenital or acquired malformation, defect or deformity?
15. When were you last vaccinated?
16. Is there any further matter concerning your health not covered by the above questions which should be communicated to the medical authority?

B. Form to be filled in by applicants governed by Rule 4 of the Civil Pensions (Commutation) Rules.

1. Name in full (in BLOCK letters). **HASBAM RAMASWAMI ENKA**
2. Date of birth. **1st Dec/1879**
3. Have you ever been granted leave on medical certificate? If so, state periods of leave and nature of illness? **No**
4. Has any application for insurance on your life ever been declined or accepted at an increased premium? **No**
5. Have you ever been told that you had albumen or sugar in the urine? **No**
- Do you rise at night to urinate? **No**
- Are you now or have you ever been on special diet for your health? **No**
- Has there been any marked increase or decrease in your weight within the past three years? If so, how much? **No**
6. Have you been under the treatment of any doctor within the last three months? If so, for what illness. **No**

Declaration by applicant.

(To be signed in presence of the medical authority).

I declare all the above answers to be, to the best of my belief, true and correct.

I will fully reveal to the medical authority all circumstances within my knowledge that concern my health and fitness.

I am fully aware that by wilfully making a false statement or concealing a relevant fact I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under Article 351, Civil Service Regulations.

Signed in presence of.....

H. Ramaswami Enka
Applicant's signature.

Lt. Col. I. M. S.
Residency Surgeon Bangalore.
Signature and designation
of medical authority.

S. N. II

(P2 c III)

OFFICE OF THE ACCOUNTANT-GENERAL, MADRAS.

Fort St. George, 20th March 1940.

Enclosures.

No. P.Com. 149

FROM

THE ACCOUNTANT GENERAL,

MADRAS, (P. C. Section)

To

The Secretary to the Hon'ble the Resident
in Mysore,

Bangalore.

SIR,

Sub:- Commutation of pension - administra-
tive sanction accorded - Mr. H.
Ramaswami Iyengar - Retired Account-
ant - C.&M.Station, Bangalore.

I have the honour to invite your attention to
note (2) under regulation (4) governing the procedure
for the commutation of pensions and to state that the
administrative sanction accorded by the Hon'ble the
Resident in Part III of Form A may be signed for the
Hon'ble the Resident by the officer who has been autho-
rised to do so. Part III of Form A on the application
for commutation of pension of Mr. H. Ramaswami Iyengar
has been signed by Mr. J. N. Rajagopalan, for Secretary
to the Resident. I request to be informed if Mr. J. N.
Rajagopalan has been authorised by the Hon'ble the
Resident to sign for him.

I have the honour to be,

Sir,

Your obedient servant,

[Signature]

Asstt. Accounts Officer.

ck.

27-3-40

OFFICE OF THE HON'BLE THE RESIDENT IN MYSORE, BANGALORE.
277022 MAR. 1940
Diary No. 3095
File No.

17 183/39

page 9 of the
book in file
344-34 G

p. 14 of the book.

THE SECRETARY

To

MEMORANDUM Dis. No. R.F. 183-39
 G & A

Reference your letter dated the 11th March 1940.

for SECRETARY TO THE RESIDENT.

BJ

PROCEEDINGS OF THE HON'BLE THE RESIDENT IN MYSORE.

---:O:---

No. H. F. 183-39/G & A.

Dated Bangalore, the 12th April 1940.ORDER.

Under note 2 to paragraph 4 of Regulations governing procedure for the commutation of pensions the Hon'ble the Resident authorises his Financial Adviser to sign for him the administrative sanction in Part III of Form A.

q/c *Dip*
for SECRETARY TO THE RESIDENT.

Copy to the Accountant General, Madras, with reference to his letter No. P. Com. 149, dated the 20th March 1940.

BJ